


**2005 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 20 AM 10:40

<b>DOCUMENT # L04000061644</b>				
1. Entity Name LONGBOAT KEY INVESTMENT ADVISORS, LLC				
Principal Place of Business 6350 GULF OF MEXICO DRIVE SUITE104 LONGBOAT KEY, FL 34228 US		Mailing Address 6350 GULF OF MEXICO DRIVE SUITE104 LONGBOAT KEY, FL 34228 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent <del>CORPORATION SERVICE COMPANY 120 THAYS STREET TALLAHASSEE, FL 32301</del>		7. Name and Address of New Registered Agent Name <u>CRAIG D. Meldahl</u> Street Address (P.O. Box Number is Not Acceptable) <u>681 MAGNOLIA RD</u> City <u>Longboat Key</u> FL <u>34228</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		4. FEI Number 20-1516659		
SIGNATURE <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
Amended AR is \$50.00		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELDAHL, CRAIG D 681 MAGNOLIA ROAD LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800056637628 06/29/05--01012--003 *\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>5/16/05</u> Daytime Phone # <u>941-383-2300</u>		